

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
SOUTHERN DIVISION

GARY BRICE MCBAY

PLAINTIFF

V.

CIVIL ACTION NO. 1:07CV1205-LG-RHW

HARRISON COUNTY, MISSISSIPPI BY AND
THROUGH ITS BOARD OF SUPERVISORS;
HARRISON COUNTY SHERIFF GEORGE PAYNE;
WAYNE PAYNE; DIANE GATSON RILEY;
STEVE CAMPBELL; RICK GATSON; RYAN TEEL;
MORGAN THOMPSON; JOHN DOES 1-4;
AMERICAN CORRECTIONAL ASSOCIATION;
JAMES A GONDLES, JR.; UNKNOWN DEFENDANTS
1-3 EMPLOYEES OF AMERICAN CORRECTIONAL
ASSOCIATION; HEALTH ASSURANCE LLC AND
UNKNOWN DEFENDANTS 1-2 EMPLOYEES OF
AMERICAN CORRECTIONAL ASSOCIATION

DEFENDANTS

STATE OF MISSISSIPPI

COUNTY OF HARRISON

**AFFIDAVIT OF WARDEN DONALD CABANA
HARRISON COUNTY SHERIFF'S OFFICE**

PERSONALLY CAME AND APPEARED BEFORE ME the undersigned authority
in and for the County and State aforesaid, the within named, DONALD CABANA, who,
after first being duly sworn by me on his oath, did depose and state the following:


1. My name is DONALD CABANA, and I am over the age of twenty-one (21)
years. I am the Director of Corrections for the Harrison County Adult
Detention Center and have held this position since August 18, 2006. I have
personal knowledge of the matters and facts contained in this Affidavit and



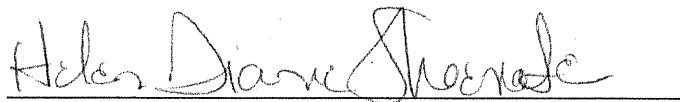
I am competent to testify to the matters stated herein.

2. As Director of Corrections for the Harrison County Sheriff's Office, I have first hand knowledge of the maintenance and/or storage of records of the Harrison County Sheriff's Office for the Adult Detention Center and what those records reflect, including inmate medical records, inmate court records, and policies of the Harrison County Sheriff's Office.
3. I have attached hereto as **Exhibit "1"** relevant portions of Plaintiff's inmate records. They are a true and correct copy of Plaintiff's inmate records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from information transmitted by, a person with knowledge of those matters.
4. I have attached hereto as **Exhibit "2"** relevant portions of Plaintiff's medical records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from information transmitted by, a person with knowledge of those matters.

I certify the above declaration is true and correct under penalty of perjury.


Affiant/Donald Cabana
Harrison County, Mississippi

Sworn to and subscribed before me on this the 12 day of November, 2009.


Notary Public

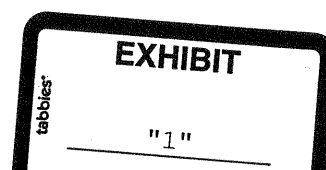


HARRISON COUNTY SHERIFF'S DEPARTMENT
UNIFORM ARREST / BOOKING FORM

HCSD FILE # _____

☐ JUVENILE INVOLVED

NAME (LAST, FIRST, MIDDLE) MCBAY, GARY BRICE				ALIAS OR NICKNAME (LAST, FIRST, MIDDLE, ECT) N/A				CASE NUMBER 05-21728				
ADDRESS 1109 SILVERCREEK				CITY DE SOTO		STATE TX		ZIP CODE 75115		HOME PHONE NUMBER N/A		
OCCUPATION / EMPLOYER UNEMPLOYED				CITY N/A		STATE N/A		ZIP CODE N/A		WORK PHONE NUMBER N/A		
AGE 29		DATE OF BIRTH [REDACTED]		SOCIAL SECURITY NUMBER [REDACTED]				DRIVERS LICENSE NUMBER 16889131			STATE TX	
SEX M		RACE W		HEIGHT 506		WEIGHT 150		HAIR BLONDE		EYES BLUE		
								HISPANIC NO		PLACE OF BIRTH (CITY, STATE) DALLAS, TX		
<input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATTOOS <input type="checkbox"/> AMPUTATIONS NONE												
FBI NUMBER				OTHER ALIAS INFORMATION								
EMERGENCY CONTACT NONE				RELATIONSHIP		HOME PHONE		WORK PHONE		ADDRESS		
HOW ARREST WAS MADE ON CALL <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/> ON WARRANT <input type="checkbox"/>						JUDGE			WARRANT DATE			
CHARGE FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> PUBLIC DRUNK				OFFENSE DATE 11-06-05		CASE # 05-21728		CAUSE #		BOND AMOUNT \$ 500.00		
DISPOSITION OF CHARGE								MISD COURT DATE 12-14-05		COURT / DISTRICT 1ST JUSTICE		
CHARGE FEL <input type="checkbox"/> MISD <input type="checkbox"/>				OFFENSE DATE		CASE #		CAUSE #		BOND AMOUNT \$		
DISPOSITION OF CHARGE								MISD COURT DATE		COURT / DISTRICT		
CHARGE FEL <input type="checkbox"/> MISD <input type="checkbox"/>				OFFENSE DATE		CASE #		CAUSE #		BOND AMOUNT \$		
DISPOSITION OF CHARGE								MISD COURT DATE		COURT / DISTRICT		
CHARGE FEL <input type="checkbox"/> MISD <input type="checkbox"/>				OFFENSE DATE		CASE #		CAUSE #		BOND AMOUNT \$		
DISPOSITION OF CHARGE								MISD COURT DATE		COURT / DISTRICT		
CHARGE FEL <input type="checkbox"/> MISD <input type="checkbox"/>				OFFENSE DATE		CASE #		CAUSE #		BOND AMOUNT \$		
DISPOSITION OF CHARGE								MISD COURT DATE		COURT / DISTRICT		
CAPIAS-FINE \$ CASH ONLY \$ N/A				TOTAL MISD BOND \$ 500.00				TOTAL FELONY BOND \$ N/A				
								TOTAL BOND \$ 500.00				
ARRESTING AGENCY (NAME) Harrison County Sheriff's Department								ORI MS0240000				
DATE OF ARREST 11-06-05				TIME 1953 HOURS				LOCATION OF ARREST 18009 TILLMAN RD. GULFPORT, MS 39503				
ARRESTING OFFICER (# & NAME) # 75 N. ALLEN				ASSISTING OFFICER (# & NAME) # 93 R. BORJA				INVESTIGATOR HANDLING CASE				
DETENTION DATE / TIME		OFFICER (# & NAME)		CELL		PROPERTY		PHONE CALL MADE (YES/NO)				
DOCKET		FACILITY ADULT DETENTION <input type="checkbox"/> JUVENILE DETENTION <input type="checkbox"/> SHELTER <input type="checkbox"/> OTHER <input type="checkbox"/>								PICTURE YES <input type="checkbox"/> NO <input type="checkbox"/>		
										FINGERPRINTS YES <input type="checkbox"/> NO <input type="checkbox"/>		
NCIC INQUIRY NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/>		NIC#		CHARGE		AGENCY						
RELEASE DATE / TIME		OFFICER (& NAME)		RELEASE STATUS (BOND, TIME SERVED, ECT)				SHERIFF'S RECEIPT NUMBER				
NCIC INQUIRY NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/>		NIC#		CHARGE		AGENCY						

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☐ JUVENILE INVOLVED

OFFENSE FORM I

INCIDENT NUMBER

05-21278

OFFENSE

VICTIM & WITNESSES

PROPERTY

VEHICLE

NARRATIVE

MOI

1. Type Offense PUBLIC DRUNK		2. Code 2301		3. Type Offense		4. Code		5. Offense Occurred		
6. Date Offense Reported 11-06-05		7. Time Offense Reported 1929 HOURS		8. Location of Offense (Street Address) 18009 TILLMAN RD. GULFPORT, MS 39503		9. Firm Name (If Commercial) CHOPPERS LOUNGE		10. Grid N/A		
11. Patrol Area S. WEST		12. Shift MIDNIGHT		13. Day(s) of Week Occurred (S) M T W T F S		14. Victim's Name (Last, First, Middle)		15. Residence Address		
16. Res. Phone		17. Victim DOB		18. Sex		19. Race		20. Employer/School		
21. Business/School Address		22. Bus. Phone		23. <input type="checkbox"/> V <input checked="" type="checkbox"/> RP <input checked="" type="checkbox"/> W <input type="checkbox"/> P		24. Name (Last, First, Middle) RANDAZZO, THOMAS SSN 427-43-5221		25. Residence Address 1906 46TH AVE. GULFPORT, MS 39501		
26. Res. Phone 228-547-4393		27. DOB		28. Sex M		29. Race W		30. Employer/School CHOPPERS LOUNGE		
31. Business/School Address 18009 TILLMAN RD. GULFPORT, MS 39503		32. Bus. Phone UNKNOWN		33. <input type="checkbox"/> V <input checked="" type="checkbox"/> RP <input checked="" type="checkbox"/> W <input type="checkbox"/> P		34. Name (Last, First, Middle) ALLEN, KENNETH N.		35. Residence Address ON FILE		
36. Res. Phone ON FILE		37. DOB ON FILE		38. Sex M		39. Race W		40. Employer/School HARRISON CO. SHERIFF DEPT.		
41. Business/School Address P.O. BOX 1480 GULFPORT, MS		42. Bus. Phone 228-865-7060		43. Victim/Suspect Relationship <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Stranger <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Acquaintance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Relative		44. <input checked="" type="checkbox"/> Alcohol Related <input type="checkbox"/> Drug Related				
45. Status- <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D		46. Qty		47. Article		48. Brand, Make or Manufacturer		49. Model Name and Number		
50. Description (Color/Size)		51. Serial No. And/OR Owner Applied No.		52. Value						
53. License No.		54. State		55. Veh. Yr.		56. Make/Style		57. Model		
58. Color/Color		59. Value		60. VIN Number		61. Vehicle Marks/ Damage/ Decals/Comments				
62. Narrative of Offense (Attach Additional Narrative If Needed) ON 11-06-05 DEPUTY ALLEN RESPONDED TO CHOPPER LOUNGE IN REFERENCE A DRUNK AND DISORDERLY COMPLAINT. UPON ARRIVAL DEPUTY ALLEN SPOKE TO THOMAS RANDAZZO WHO STATED THAT A WHITE MALE, LATER IDENTIFIED AS GARY MCBAY, WAS DISTURBING THE BUSINESS AND ASKED TO LEAVE. MR RANDAZZO SAID THAT HE WATCHED AS MR. MCBAY WAS LEAVING AND NOTICED HIM FALLING OVER AND HITTING OTHER VEHICLES. MR. RANDAZZO TOLD MR. MCBAY THAT HE DID NOT NEED TO BE DRIVING AND TO WAIT FOR THEM TO CALL HIM A TAXI. MR. RANDAZZO STATED THAT MR. MCBAY THEN ATTEMPTED TO ASSAULT HIM. MR. RANDAZZO THEN GRABBED MR. MCBAY AND HELD HIM DOWN UNTIL THE SHERIFF'S DEPT ARRIVED. DEPUTY ALLEN OBSERVED MR. RANDAZZO SITTING ON TOP OF MR. MCBAY AND NOTICED THAT MR MCBAY HAD A BLOODY NOSE. AMR RESPONDED AND MR. MCBAY REFUSED ANY TREATMENT. DEPUTY ALLEN THEN PLACED MR. MCBAY INTO CUSTODY AND TRANSPORTED HIM TO THE JAIL. MR. MCBAY WAS CHARGED WITH PUBLIC DRUNK.										
63. Evidence Disposition (Location)					63A. Complainant/Victim Signature:					
64. MOI (Reverse Side)			CODE		7. Weapon Type		CODE		65. OFFENSE STATUS	
1. Type of Premise			F		8. Use of Weapon		-		OPEN	
2. Object of Attack			-		9. Method of Departure		C		<input type="checkbox"/> 60 Suspended Inactive	
3. Point of Entry			-		10. Demeanor of Suspect		F		<input type="checkbox"/> 63 Patrol Follow-Up	
4. Method of Entry			-		11. Evidence Obtained		-		<input type="checkbox"/> 66 Detective Follow-Up Signed Affidavit	
5. Method of Attack (Person)			-		12. Place of Offense		C		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Method of Attack (Property)			-		13. Solvability Factors		A		<input type="checkbox"/> Will Sign Later	
			-						<input type="checkbox"/> 10 Cleared Adult Arrest	
									<input type="checkbox"/> 20 Cleared Exceptional Adt.	
									<input type="checkbox"/> 30 Cleared Juvenile Custody	
									<input type="checkbox"/> 40 Cleared Exceptional Juv.	
									<input type="checkbox"/> 50 Other Cleared Exception	
									<input type="checkbox"/> 70 Unfounded	
66. Reporting Officer: No. 75 Name N. ALLEN			67. Division PATROL			68. Reviewing Supervisor: No. 44 Name [Signature]			69. Date of Status 11/06/05	
70. Follow-Up Officer: No. Name			71. Date/Time Assigned			72. Attachments <input type="checkbox"/> Offense Form II <input type="checkbox"/> Narrative <input type="checkbox"/> Other <input checked="" type="checkbox"/> Custody Form (Describe)				

Harrison County Adult Detention Center

George Payne, Sheriff

Use of Force Report

1) Date: 11.16.2005	2) Time: 2100 hrs	3) Location: Booking	4) Incident Number
5) Inmate's Name: MCBAY GARY		6) Date of Birth:	7) Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
8) Docket Number: 278873	9) Block: N/A	10) Section: N/A	11) Cell: N/A
12) Reason for use of Force: <input checked="" type="checkbox"/> Necessary to defend another officer <input type="checkbox"/> Necessary to defend another inmate <input checked="" type="checkbox"/> To prevent violent behavior <input type="checkbox"/> To restrain for inmate's safety <input type="checkbox"/> Other:			
13) Was inmate injured? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	14) Transported? <input type="checkbox"/> yes <input checked="" type="checkbox"/> No	15) Destination: N/A	16) Screened by medical? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17) # of inmates that resisted: 2	18) # of officers present: 2	19) Supervisor notified / time: SGT. MATHEIS 2115 HRS	20) Notified supervisor's signature: SGT. MATHEIS 157
21) At the time of the incident, the inmate was: <input checked="" type="checkbox"/> Hostile Behavior <input checked="" type="checkbox"/> Suspected under the influence of alcohol / drugs <input type="checkbox"/> Mentally impaired <input type="checkbox"/> Other:			
22) Describe the inmate's injuries: FACIAL SWELLING, NOSE BLEED			
23) Levels of resistance: <input checked="" type="checkbox"/> Psychological Intimidation: Explain: (non-verbal cues indicating inmate's attitude or physical readiness) <input type="checkbox"/> Verbal-Non Compliance: Explain: INMATE VERBALLY REFUSED TO "PRESS OUT" / MADE VERBAL THREATS AGAINST COUNTY'S STAFF <input checked="" type="checkbox"/> Passive Resistance: Explain: WOULD NOT COMPLY WITH LOUD CLEAR VERBAL COMMANDS (dead weight or clinging to objects in an attempt to prevent the officer from gaining control) <input type="checkbox"/> Defensive Resistance: Explain: (pushing, pulling, or running away from the officer to avoid control; never attempting to harm the officer) <input checked="" type="checkbox"/> Active Aggression: Explain: GRABBED DEPUTY THOMPSON'S SHIRT AND PUNCHED HIM IN THE HEAD <input type="checkbox"/> Aggravated Active Aggression: Explain: (assaults with a weapon)			
24) Levels of Control: (Officer Presence is Implied) <input checked="" type="checkbox"/> Verbal Direction: Explain: MCBAY WAS TOLD TO COMPLETE ACTIONS DURING PRESS OUT. (commands of direction) <input checked="" type="checkbox"/> Empty Hand Control (<input type="checkbox"/> Soft <input checked="" type="checkbox"/> Hard): Explain: CLOSED HAND STRIKES TO HEAD AND FACE <input type="checkbox"/> physical touch <input type="checkbox"/> joint locks <input type="checkbox"/> pressure points <input checked="" type="checkbox"/> hand strikes <input type="checkbox"/> leg strikes Body Part: HEAD & FACE Body Part: <input type="checkbox"/> Intermediate Weapons: (Chemical etc.): <input type="checkbox"/> Impact Weapons: (primary or alternative): <input type="checkbox"/> Lethal Force: specify: (Firearms or other lethal force employed):			
25) Reporting Officer No. 274 Name: THOMPSON		Division BOOKING	Reviewing supervisor: No. 157 Name: MATHEIS
Disposition Date:		Page: 1 of 1	

Harrison County Adult Detention Center

George Payne, Sheriff

Use of Force Report

Pressure Point Control Target Areas	Chemical Spray Target Area
Effects of Chemical Spray	
26) Was Spray Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Further Control Methods Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Times Sprayed:	Approximate distance from subject:
Eyes: <input type="checkbox"/> closure <input type="checkbox"/> tears <input type="checkbox"/> No effect	Skin: <input type="checkbox"/> Redness <input type="checkbox"/> Burning <input type="checkbox"/> No effect
Nose: <input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input type="checkbox"/> No effect	Chest: <input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing
O.C. Spray administrative warning? <input type="checkbox"/> Yes <input type="checkbox"/> No Time:	Decontamination: Start Time: _____ End Time: _____
Variables affecting levels of control 1. Officer / subject size and gender 2. Environmental conditions and totality of circumstances 3. Reaction time	
This section to be completed by Medical staff only!	
27) Injuries Sustained by officer: <input checked="" type="checkbox"/> yes <input type="checkbox"/> No Explain: <u>Officer was grabbed by inmate and hit several times in the head.</u>	
28) Injuries Sustained by Inmate: <input checked="" type="checkbox"/> yes <input type="checkbox"/> No Explain: <u>Small superficial abrasion to back of head swollen bruised @ eye.</u>	
29) Location of Examination: <u>Booking</u> Time of Examination: <u>2:00</u>	30) Examined by: Staff Name: <u>Quonichon Jr</u> Badge #: _____
31) Medical treatment administered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: <u>BP 130/88 186 R/L6. I/m AAOX3 PERRLA</u>	32) Signature of Physician: _____
33) Narrative: <u>I/m placed in shower to dress out I/m grabbed officer and hit him several times in the head. I/m has small superficial cut to back of head, swollen and bruised @ eye, PERRLA, AAOX3. @ Other injuries noted at present time. — Quonichon Jr</u> <u>I/m stated when asked if his jaw was hurting I/m stated "No my jaw does not hurt." — Quonichon Jr</u>	
34) Inmate Classification: <input type="checkbox"/> Juvenile <input type="checkbox"/> Minimum security <input type="checkbox"/> Medium <input type="checkbox"/> Maximum security <input type="checkbox"/> Inmate worker	
35) Reviewing Shift Lieutenant: No. _____ Name: _____	Division: _____ 36) Disposition: <input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Under review

<input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Offense Supplement <input type="checkbox"/> Custody Supplement <input type="checkbox"/> Other	Type Incident/Case: INFORMATIONAL	Date of This Report: 11/06/2005	Date of Original Report: 11/06/2005				
Suspect/Victim Name: MCBAY, GARY # 278873		List Complaint Numbers of Connected Cases					
Status	Qty.	Article	Brand/Make	Model Name	Description	Serial No. or OAN	Value

ON NOVEMBER 6TH 2005, DEPUTY M. THOMPSON #224 WAS POSTED IN THE BOOKING DEPARTMENT FOR THE 1900 - 0700 HOURS SHIFT. AT APPROXIMATELY 2115 HOURS DEPUTY THOMPSON WAS PERFORMING THE DRESS OUT PROCEEDURE WITH NEW INMATE MCBAY, GARY H.C.A.D.C. DOCKET #278873. INMATE MCBAY APPEARED INTOXICATED BUT STILL ABLE TO FOLLOW VERBAL COMMANDS GIVEN BY DEPUTY THOMPSON. WHEN DEPUTY THOMPSON ASKED MCBAY TO REMOVE HIS (MCBAY) CLOTHING, MCBAY INDICATED THAT HE WOULD NOT "GET NAKED " AND TOOK AN AGGRESSIVE POSTURE TOWARDS DEPUTY THOMPSON WITH RAISED CLOSED FISTS. DEPUTY THOMPSON MOVED TOWARD MCBAY TO EMPLOY A SOFT EMPTY HAND CONTROL HOLD AND MCBAY THEN GRABBED DEPUTY THOMPSON BY THE SHIRT AND STRUCK DEPUTY THOMPSON APPROXIMATELY 2 TIMES ON THE SIDE OF THE HEAD WITH A CLOSED FIST. DURING THE ATTACK DEPUTY THOMPSON FELT HE WAS IN PHYSICAL DANGER AND RETURNED MULTIPLE BLOWS WITH CLOSED FISTS TO THE HEAD AND FACE AREA OF MCBAY. DEPUTY THOMPSON STOPPED ALL ACTIONS WHEN MCBAY LET GO OF HIS (THOMPSONS) SHIRT. DEPUTY THOMPSON REQUESTED MEDICAL EVALUATION VIA RADIO DUE TO MCBAY BLEEDING FROM THE NOSE AND FACIAL SWELLING. MEDICAL NURSE EVALUATED MCBAY AT APPROXIMATELY 2125 HOURS AND FOUND NO SERIOUS INJURIES TO HIS PERSON. MCBAY THEN COMPLIED WITH ALL FURTHER INSTRUCTIONS GIVEN BY DEPUTY THOMPSON AND COMPLETED THE DRESS OUT PROCESS WITH NO FURTHER INCIDENT. DEPUTY THOMPSON TOOK NO FUTHER ACTION IN THIS MATTER.

END OF NARRATIVE

DISPOSITION

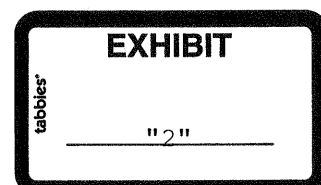
- ☐ A. Cleared Adult Arrest
☐ B. Cleared Exceptional Adult
☐ C. Cleared Juvenile Custody
☐ D. Cleared Exceptional Juvenile
☐ E. Unfounded
☐ F. Other - Cleared Exceptional
☐ G. Suspended Closed

Reporting Officer: No. 224 Name M. THOMPSON	Division: BOOKING	Reviewing Supervisor: No. Name	Disposition Date
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NURSES NOTES

[illegible]

NURSE NOTES



(en) Next Screen

(24) Exit

Docket: CJ 278783 File # 92765 Name MCBAY, GARY BRICE

1) Obvious pain/bleeding/injury/illness requiring medical treatment? Y

INMATE HAD A BLOODY NOSE WHEN HE CAME IN SEEN BY MEDICAL

2) Was taken to hospital prior to intake? N3) Appear UI Alcohol Y Drugs N

INMATE UI OF ALCOHOL

4) Visible signs of Alcohol/Drug withdrawal? N5) Obvious signs of fever/jaundice/infection which might be contagious? N6) Skin free of vermin? Y

CLEAN

7) Difficulty understanding questions or spoken language? Y

INMATE MAKING STRANGE STATEMENTS

(en) Next Screen (4) Previous Screen (24) Exit
Docket: CJ 278783 File # 92765 Name MCBAY, GARY BRICE
8) Experiencing/Demonstrating/exhibiting signs of Stress Y Assaultive Y
Anger Y Hostility Y Violent Behavior Y Lifeless reaction Y
Passive N Depression N Disorientation Y Hearing Voices N
Bizarre Behavior Y Extreme emotions Y Nervousness Y
INMATE ACTING VERY BIZARRE AND TALKING TO HIMSELF

9) Have scars on wrists, legs or neck (possibly self-inflicted) N
